



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4)

Summary Sheet

FILE NUMBER

41n-24-109

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <i>Comm. To Elect Mike Schultz County Assessor</i>	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(219) 362-0390</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>5375 W 150 N, LaPorte</i>	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code <i>LaPorte IN 46350</i>	6. Party Affiliation (if applicable) <i>Democratic</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <i>Michael (Mike) Schultz</i>	8. Party Affiliation or If Independent Candidate <i>Democratic</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>LaPorte County Assessor</i>	10. County of Residence <i>LaPorte</i>

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0.") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	CONVENTION CANDIDATES ONLY <input type="checkbox"/> Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <i>Jan 1, 2024</i> Through: <i>Dec 31, 2024</i>	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	<i>3,270.47</i>	
14. Cash on hand and investments January 1, current year.	<i>3,270.47</i>	

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<i>- 0 -</i>	<i>- 0 -</i>
15b. Unitemized	<i>- 0 -</i>	<i>- 0 -</i>
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	<i>- 0 -</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	<i>3,270.47</i>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>2,223⁰⁰</i>	<i>2,223⁰⁰</i>
17b. Unitemized	<i>210⁰⁰</i>	<i>210⁰⁰</i>
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	<i>2,433⁰⁰</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	<i>837.47</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>- 0 -</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>- 0 -</i>	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer	Title <i>Candidate</i>	Date (mm/dd/yy)
Signature of Candidate (if applicable)		Date (mm/dd/yy) <i>1/14/25</i>

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY





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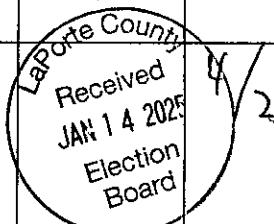
**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (**over \$200, if regular party committee**). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
OFFICE SOUGHT (if applicable)					
Code C Rolling Prairie VFW #9423	Vet Orgs	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Ad & Tickets	\$124		2/14/24
Code C LaPorte Kiwanis Club	Civic Orgs	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: 4H Radio Ad	\$200		4/15/24
Code C Relay For Life	Cancer Fundraiser	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Ad & Tickets	\$120		4/10/24
Code C Rolling Prairie VFW #9423	Vet Orgs	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Ad Pancake Brkfst	\$100	\$224	4/19/24
Code C Michigan City Exchange Club	Civic Orgs	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Raffle Tickets	\$220	\$220	4/25/24
Code C LP County 4H Sheep	4H Group	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Show Ad	\$200		4/25/24
Code C Relay For Life	Cancer Fundraiser	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Golf Hole Sponsor	\$100	\$220	6/18/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1064.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		





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**(CFA-4 SCHEDULE B)
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code C LP County 4H Livestock Auction	4H Group	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Min. in Goat	\$50		7/12/24
Code C LP County 4H Livestock Auction	4H Group	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: 4H Livestock Purch.	\$250	\$300	7/12/24
Code O Mike Schultz Democrat Delegate State Convention	State Delegate	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Reimbursement	\$509		7/15/24
Code C LP County 4H Livestock Auction	4H Group	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: 4H Livestock	\$100	\$400	7/19/24
Code C LP County Democratic Party	Party Org	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Fundraiser Salute to Labor	\$250		8/31/24
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			7/5
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			Jan 14 2025
SUBTOTAL THIS PAGE OF SCHEDULE B			\$159 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$222 ³⁰		

